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**ATTY DKT NO.: MIC-101** 

#### BEFORE THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT

: RICHARD M. MICCIULLA

TITLE

: TAB PLATE

SERIAL NO.

: 10/724,247

FILING DATE

: 11/28/2003

**EXAMINER / ART UNIT** 

: STEPHEN J. CASTELLANO / 3727

#### SUPPLEMENTAL APPLICATION DATA SHEET

#### Mail Stop Amendment

#### **Commissioner for Patents**

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir,

This Supplemental Application Data Sheet is respectfully submitted in conformance with 37 CFR §1.33. The purpose of this submission is to provide an updated address for the inventor.

#### **MAILING CERTIFICATE**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

and deposited on: 08/11/06

Signature:

Scott Lefton

08/



Respectfully submitted,

Dated: 08/11/06

Please respond by mail to:

Scott Lefton

Registration No. 53,200

Scott Lefton

Agent for Applicant

59 Orient Avenue

Melrose, MA 02176

Please respond by telephone or fax to:

Tel: 781-883-5666

Fax: 781-665-4414



### **Supplemental Application Data Sheet**

### **Application Information**

Application Type:: Utility

Application Number:: 10/724,247

Subject Matter:: Eating Utensils

Classification:: 220/574

Group Art Unit:: 3727

Title:: Tab Plate

Attorney Docket Number:: MIC-101

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 4

Total Drawing Sheets:: 6

Small Entity?:: Yes

Petition Included?:: No

### **Applicant Information**

**Applicant Authority Type::** Inventor

**Primary Citizenship:: USA** 

Country:: USA

Status:: Citizen

Given Name:: Richard

Middle Initial:: М

Family Name:: Micciulla

Name Suffix::

City of Residence:: Melrose

State or Province of

Residence:: MA

Country of Residence:: **USA** 

Street of mailing address:: 48 Old Brook Circle

City of mailing address:: Melrose

State or Province of mailing address::

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Country of mailing

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Postal or Zip Code of

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## **Correspondence Information**

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# Representative Information

Representative Designation::	Registration Number::	Representative Name::
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